

AN ACT

RELATING TO HEALTH CARE; REQUIRING UNIFORM PRESCRIPTION DRUG IDENTIFICATION CARDS IN CERTAIN CIRCUMSTANCES.

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BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

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Section 1. SHORT TITLE.--This act may be cited as the "Prescription Drug Uniform Information Card Act".

Section 2. INTENT OF LEGISLATURE.--It is the intent of the legislature to improve care for patients by enacting the Prescription Drug Uniform Information Card Act to minimize confusion, eliminate unnecessary paperwork, decrease administrative burdens and streamline dispensing of prescription products paid for by third party payors.

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Section 3. PRESCRIPTION DRUG INFORMATION CARD REQUIRED.--

A. A health benefit plan that provides coverage for prescription drugs and that issues, uses or requires a card for prescription claims submission and adjudication, and third-party administrators for self-insured plans and state-administered plans, or the plan's agents or contractors that issue such cards, shall issue for the plan's insureds, enrollees or participants a uniform prescription drug information card that conforms to the standards of the national council for prescription drug programs' current implementation guide for such cards.

B. The uniform prescription drug information card required in Subsection A of this section shall include all of the national council for prescription drug programs' standard information adopted by the current implementation guide or at a minimum contain the following labeled information:

- (1) the card issuer name or logo on the front of the card;
- (2) the cardholder's name and identification number, which shall be displayed on the front side of the card;
- (3) complete information for electronic transaction claims routing, including:
  - (a) the international identification number labeled as RxBin;
  - (b) the processor control number labeled as RxPCN if required for proper routing of electronic claim transactions for prescription benefits; and
  - (c) the group number labeled as RxGrp if required for proper routing of electronic claim transactions for prescription benefits; and
- (4) a telephone number that pharmacy providers may call for pharmacy benefit claims assistance.

C. All information required in Subsection B of this section shall be included in a clear, readable and understandable manner on the card issued by the plan, its administrators or its agents or contractors. The content and format of all information shall be in the current content and format required by the plan for electronic claims routing.

D. The uniform prescription drug information card required by this section shall be issued by a health benefit plan or by the plan's administrators, agents or contractors upon enrollment and reissued within a reasonable time upon any change in the information required under Subsection B or C of this section; provided, however, the plan, its administrators or its agents or contractors shall not be required

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to issue a new card more often than once in a calendar year; and further provided that nothing shall prevent the plan, its administrators or its agents or contractors from issuing stickers or other methodologies to the insureds, enrollees or participants to update the cards temporarily until the cards are reissued, or from reissuing updated new cards on a more frequent basis.

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E. The uniform prescription drug information card required by the Prescription Drug Uniform Information Card Act may be used for any and all health insurance coverage. Nothing in this section requires any person issuing, using or requiring the card to issue, use or require a separate card for prescription coverage; provided that the card can accommodate the information necessary to process the claim as required in this section.

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F. The superintendent of insurance shall adopt such rules as he deems necessary to implement and ensure full compliance with the provisions of the Prescription Drug Uniform Information Card Act. If rules are deemed necessary, they shall be prepared not later than six months after July 1, 2003.

G. As used in this section, "health benefit plan" means an accident and health insurance policy, plan or certificate; a nonprofit hospital or medical service corporation contract; a health maintenance organization subscriber contract; a plan provided by a multiple employer welfare arrangement; or a plan provided by another benefit arrangement to the extent permitted by the employee Retirement Income Security Act of 1974, as amended, or by any waiver of or other exception to that act provided under federal law or regulation. "Health benefit plan" does not include any of the following types of insurance:

- (1) accident;

- (2) credit;
- (3) disability income;
- (4) specified disease;
- (5) dental or vision;
- (6) coverage issued as a supplement to liability insurance;
- (7) medical payments under automobile or homeowners;
- (8) insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability policy or equivalent self-insurance; and
- (9) hospital income or indemnity.

Section 4. APPLICABILITY.--

A. All health benefit plans issued or renewed on or after July 1, 2003 shall comply with the Prescription Drug Uniform Information Card Act no later than two years after July 1, 2003. For purposes of that act, renewal of a health benefit policy, contract or plan is presumed to occur on each anniversary of the date on which coverage was first effective for the persons covered by the health benefit plan.

B. The Prescription Drug Uniform Information Card Act shall not apply to the medicaid fee-for-service prescription drug program.

Section 5. EFFECTIVE DATE.--The effective date of the provisions of this act is July 1, ~~2003~~ 2003/HB 605